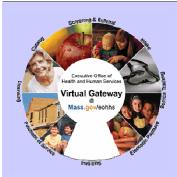


# READINESS ROUNDUP

October 21, 2005 Volume 1, Issue 1

Executive Office of Health and Human Services



# **Preparing** Agencies and **Providers** for the EIM/ESM Services of the Virtual Gateway

#### In this issue:

Welcome

Readiness Update

EIM/ESM **Functionality** 

Updates and Reminders

### Welcome!

Welcome to the newest services of the Virtual Gateway: Enterprise Invoice Management (EIM) and Enterprise Service Management (ESM). These services will be available to Executive Office of Health and Human Service agencies and Purchase of Service providers beginning with a pilot this spring and continuing with enterprise-wide deployment for EIM over the next year.



The Department of Public Health and its Purchase of Service providers will use the ESM service in conjunction with EIM to automate fully its client intake, management, and invoicing functions during the next year. Like other services offered through the Virtual Gateway, EIM and ESM will give users a single point of access for conducting business with Executive Office of Health and Human Service agencies.

The services will streamline business processes and reduce administrative burdens on providers and agencies. EIM/ESM ultimately benefits the citizens of the Commonwealth by enabling agencies and providers to spend more time focused on clients. Over the next few months, pilot agencies and providers will work together on readiness activities.

### Welcome to the first issue of the Readiness Roundup!

### Readiness Update



Three agencies and nine providers are involved with the EIM/ESM pilot project.

The Department of Public Health will use both FIM and FSM: the other agencies and providers will use EIM. The following organizations are involved:

- Agency: Department of Mental Health. Providers: Vinfen, Bay Cove Human Services, and Guidance Center, Inc.
- Agency: Department of Youth Services. **Providers**: Bay State Medical Hospital Center, Carney

Hospital, and Health Care of SE Massachusetts

**Agency**: Department of Public Health, beginning with the Women's Health Network. **Providers**: Mass General Hospital, Noble Hospital, Brockton Hospital, and Franklin County Home Care

The current focus: **Business Process** Analysis, Organization Management, and Security Roles and Data Access.

Business Process Analysis is the documentation of your organization's internal business processes. It is intended to document the way things

### Readiness Updates, Cont'd

are done today, so that changes needed to support the implementation of EIM/ESM may be identified. Changes may include updates to policies, procedures, and modifications to existing operations. Planning for these changes is key to a successful transition to EIM/ESM. Agencies are currently completing this effort with the help of the Implementation Readiness Team. Providers will begin the process shortly.

Organization Management captures your organization's operating structure and data flow. For agencies, it shows the relationship between the central office and subsidiary offices. For providers, it shows the relationship between the parent organization and numerous service delivery sites or facilities.

Templates help agencies and providers capture their organizational structure. When you fill out the templates and assign staff roles, you are determining what an individual user can view. Users at the parent level can view information for the parent and all subsidiaries, whereas users at the subsidiary level can not see the parent information.

**Security Roles and Data Access Rules** secure sensitive client information. Security roles control what the user can and cannot **do** in the system. Data Access Rules control what data the user can and cannot **see** in the system.

Together with Organization Management, Security Roles and Data Access Rules ensure the security of EIM/ESM. Your agency needs to understand these roles in order to assign specific security roles to the appropriate staff.

Agency staff will collaborate with providers and Virtual Gateway Operations to ensure that access needs and limitations are properly defined. Access must be appropriately limited without impeding business process flows.

## Focus on Functionality

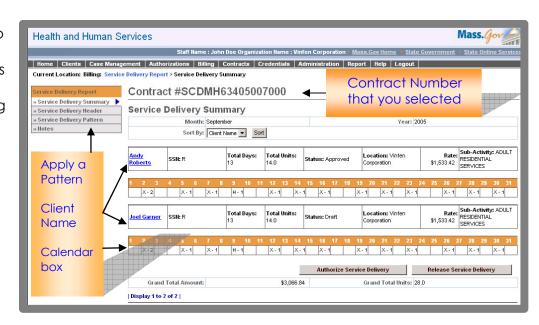
#### **EIM** Functionality



EIM comprises four primary components: Service Delivery; Claims and Invoice Processing; Adjudications and Adjustments; and Fiscal Management. The Service Delivery functionality is highlighted in this month's issue.

#### **Service Delivery Reporting**

allows authorized providers to view, add, or edit service delivery information for clients actively enrolled in a program for a specified billing period. Service delivery patterns can be applied to several clients at once, potentially saving considerable provider data input time. The provider screen depicted here shows, for a calendar month, the service delivery record for clients enrolled in a selected program.



Service Delivery Reports record services for each corresponding client in EIM. Once the Service Delivery Report is released, EIM generates claims, which then enter the adjudication process. Adjudicated service lines are grouped on a Payment Request for Commodity, which is reviewed by agency staff and submitted for payment to MMARS, the Commonwealth's accounting system.

### ESM Functionality (DPH Only)

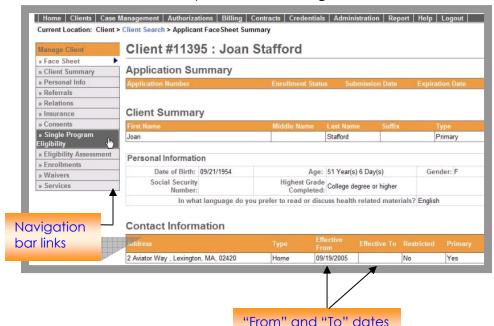


The following key components comprise ESM: Client Management; Eligibility and Enrollment; Service Tracking and Service Plan Management; and Authorizations and Consent Management. Client Management is the focus of this month's issue.

Gathering **Client Information** is the initial step in the application and referral process. The information may already be available in ESM via a Common Intake application. Currently, this only applies to Women's Health Network (WHN).

A WHN provider intake specialist locates a client by performing an applicant search; if the client is actively enrolled, the user may update any of the information within client management. This information includes demographics, household characteristics, relations, referrals, and insurance information. Intake specialists may also add new clients through ESM. (Note: This last option does not apply to Women's Health Network, but will apply to other Department of Public Health programs and bureaus.)

The client "Face Sheet" provides an at-a-glance review of all information collected to date. ESM also



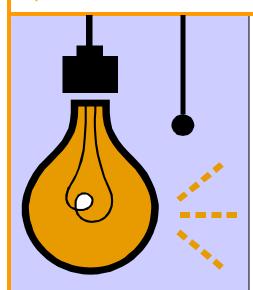
support historical data

capture

captures historical data. For example, multiple addresses may be stored along with their "active" dates.

From the Face Sheet, users navigate to eligibility determination, enrollment activities, waiver requests, and service plan data. Such linkages underscore the "end-to-end" tracking that the ESM system seeks to provide in order to support consistently high level of service provision to clients.

# **Updates and Reminders**



We look forward to continuing to meet with agency and provider staff to help them become more acquainted with the EIM/ESM Project. Upcoming venues include:

**10/25/2005** Department of Public Health Providers for Women's Health Network

Look for these topics in next month's Readiness Roundup!

- Training
- Security
- Cost Reimbursement Invoicing (EIM)
- Service Plans (ESM)



Submit your questions to: <a href="mailto:POS.EIM-ESM@massmail.state.ma.us">POS.EIM-ESM@massmail.state.ma.us</a>